

U.S. Preventive Services Task Force Publishes Final Recommendation Statement on Aspirin Use for the Prevention of Preeclampsia

Task Force recommends low-dose aspirin for pregnant people at increased risk

WASHINGTON, D.C. – September 28, 2021 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on aspirin use to prevent preeclampsia and related morbidity and mortality. Based on the review of the evidence, the Task Force recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of pregnancy in people who are at high risk for preeclampsia. **This is a B recommendation.**

Grade in this recommendation:

B: Recommended.

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Preeclampsia is one of the most serious health problems that can occur during pregnancy. It's a complex condition that occurs when a pregnant person has high blood pressure and there are signs or symptoms that other organs are not working properly, such as high levels of protein in the urine. Preeclampsia affects about 4% of pregnancies in the United States and can lead to severe complications for both the pregnant person and baby, including premature birth and death.

"Fortunately, clinicians can help high-risk pregnant people and their babies stay healthy through daily low-dose aspirin to prevent preeclampsia," says Task Force member Dr. Aaron Caughey, M.D., M.P.P., M.P.H., Ph.D. "It's important for clinicians to take into account a number of health factors that increase preeclampsia risk when determining whether to recommend low-dose aspirin."

The most important risk factors for developing preeclampsia include having preeclampsia during a previous pregnancy, being pregnant with more than one baby, and having certain chronic conditions such as high blood pressure or diabetes. Other risk factors include a high body mass index (BMI) before pregnancy, family history of preeclampsia, and older age during pregnancy. In addition, Black pregnant people are at a significantly higher risk for developing and dying from preeclampsia than other pregnant people.

"Black people are more likely to develop preeclampsia and experience serious complications from it than people of other races due to a variety of social and health inequities," says Dr. Michael Silverstein, M.D., M.P.H. "The Task Force is committed to addressing these inequities, and we are calling for more research on how to best prevent preeclampsia in Black people who are pregnant so that this disparity can be addressed in the health community."

The Task Force's final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at www.uspreventiveservicestaskforce.org. A draft version of the recommendation statement and evidence review were available for public comment from February 23, 2021 to March 22, 2021.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Caughey is a professor in and chair of the Department of Obstetrics and Gynecology and the associate dean for Women's Health Research and Policy at Oregon Health & Science University. He is the founder and chair of the Oregon Perinatal Collaborative, funded by the Centers for Disease Control and Prevention, which aims to improve outcomes for women and infants through guidelines and policies, working with all the health systems in the state.

Dr. Silverstein is a professor of pediatrics, chief of the Division of General Academic Pediatrics, and vice chair of research for the Department of Pediatrics at the Boston University School of Medicine. He is also associate chief medical officer for research and population health at Boston Medical Center/Boston University School of Medicine.

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